



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL  
SUMMARY SHEET**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **23220 LYONS AVE, NEWHALL, CA 91321**

TELEPHONE: **(661) 256-4488**

OWNER OF BUSINESS: **SUQIN LIU**

CAL. DR. LIC#: **[REDACTED]**

NAME OF PERSON FINGERPRINTED: **SUQIN LIU**

FICTITIOUS NAME: **THE DREAM SPA**

MAILING ADDRESS: **23220 LYONS AVE, NEWHALL, CA 91321**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	08/13/15	tchen
<input checked="" type="checkbox"/> 4. Fire Department	YES	08/27/15	tchen
<input checked="" type="checkbox"/> 5. Public Health	YES	06/21/16	nlove
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	11/04/15	tchen
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	08/18/15	tchen
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	06/30/16	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	11/04/15	tchen
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



Los Angeles County Treasurer and Tax Collector

Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ 2,158.00

ID # 142599

BUSINESS INFORMATION

Type of Business: <u>Massage Parlor General</u>	Address of Business: <u>23220 Lyons Ave Newhall CA 91321</u>	
DBA (Business Name): <u>The dream spa</u>	Business Telephone: <u>661-254-4488</u>	
	Mailing Address: <u>same</u>	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation:	Incorporated in the State of:	
Exact Corporate Name:		
Names of Officers	Addresses	Titles
<u>The dream spa</u>	<u>23220 Lyons Ave Newhall 91321</u>	

APPLICANT INFORMATION

Applicant's Full Name: <u>SUGAN Liu</u>		
Home Address: [REDACTED]		
Home Telephone:	Cell Phone: [REDACTED]	Email address: <u>yijin328@gmail.com</u>
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Place of Birth: [REDACTED]
Driver's License or State ID#: [REDACTED]		Expiration Date: [REDACTED]
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Height: [REDACTED]	Weight: [REDACTED]
Hair Color: [REDACTED]	Eye Color: [REDACTED]	

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 10/8 2015 Applicant's Signature: SUGAN LIU

Application taken by: MLL

Date: 8-12-15

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 23220 LYONS AVE, NEWHALL, CA 91321

TELEPHONE: (661) 256-4488

OWNER OF BUSINESS: SUQIN LIU

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: THE DREAM SPA

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DATE THAT YOU STARTED BUSINESS:

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**BUILDING & SAFETY  
SANTA CLARITA**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

*We recommend approval at this time.*

SIGNATURE:

*D. Hamrick*

DATE:

*8/13/15*

08/25/2015 TUE 11:36 FAX 5612861134 --- Linda Trejo

0007/008

08/22/2015 08:10 6612694570

#3802 P. 001/002  
000001/000

VE/21/2015 FAX 5612861134

9292697942

08:48:36 a.m. 08-21-2015 19/22

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 23220 LYONS AVE, NEWHALL, CA 91321

TELEPHONE: (661) 256-4483

OWNER OF BUSINESS: SUQIN LIU

CAL. DR. LIC. #: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: THE DREAM SPA

MAILING ADDRESS: 23220 LYONS AVE, NEWHALL, CA 91321

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR NEW LICENSE

**FIRE DEPARTMENT  
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

SIGNATURE: 

DATE: 8-22-15

BASIC LICENSE NO. 8430

DATE 08/13/15

IDENTIFICATION NUMBER 142599



COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



BUSINESS LICENSE  
APPLICATION REFERRAL

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 23220 LYONS AVE, NEWHALL, CA 91321

TELEPHONE: (661) 256-4488

OWNER OF BUSINESS: SUQIN LIU

CAL. DR. LIC# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: THE DREAM SPA

MAILING ADDRESS: 23220 LYONS AVE, NEWHALL, CA 91321

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

PUBLIC HEALTH

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

BASIC LICENSE NO. 8430

DATE 01/20/16

IDENTIFICATION NUMBER 142599

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

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**REGIONAL PLANNING  
SANTA CLARITA**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: approval for massage parlor OTC15-11664

SIGNATURE: 

DATE: 8/17/15



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

15 - 00470

KIND OF BUSINESS: ~~MASSAGE PARLOR-GENERAL/NC~~

ADDRESS OF BUSINESS: ~~23220 LYONS AVE, NEWHALL, CA 91321~~

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DATE THAT YOU STARTED BUSINESS:

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THIS IS AN APPLICATION FOR: ~~NEW LICENSE~~

**SHERIFF FINGERPRINT  
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

Approved

SIGNATURE:

WP 556470

DATE:

11/14/15